



# Kansas Workers Compensation Insurance Information System

Technical Manual  
2002

Kansas Department of Health and Environment  
Center for Health and Environmental Statistics  
Office of Health Care Information  
Curtis State Office Building  
1000 SW Jackson, Suite 130  
Topeka, KS 66612-1354

**Phone: (785) 368-7394 FAX: (785) 368-7118**  
**<http://www.kdhe.state.ks.us/hci/>**

# Kansas Workers Compensation Insurance Information System

Technical Manual  
2002

For further information or additional copies of this manual please contact:

Kansas Department of Health and Environment  
Center for Health and Environmental Statistics  
Office of Health Care Information  
Curtis State Office Building  
1000 SW Jackson, Suite 130  
Topeka, KS 66612-1354

(785) 368-7394

or

(785) 296-8627

# Table of Contents

	Page
Preface.....	i
I. General Rules for Submission of Data .....	1
II. Instructions for Preparing Data .....	3
III. Data Validation .....	4
IV. Confidentiality .....	5
Glossary	
General Terms.....	6
Abbreviations.....	6
Variable Definitions.....	7
Common Variables .....	7
Header Record Fields.....	8
Employer File Variables .....	9
Claim Summary File Variables.....	10
Claim Detail File Variables .....	11
Trailer Record Fields .....	13
Appendix A: Standard File Layout	
Header Record Layout .....	A-1
Employer Record File, Filename: EMP1 .....	A-2
Patient Claim Record File #1, Filename: CLMREC1 (Summary) .....	A-3
Patient Claim Record File #2, Filename: CLMREC2 (Detail) .....	A-4
Trailer Record Layout.....	A-5
Appendix B: WCIIS Data Submission Form.....	B-1
Appendix C: Data Assessment Checklist Forms .....	C-1
Appendix D: Code Tables	
Code Table 1: Taxonomy.....	D-1
Code Table 2: Place of Service.....	D-25

## PREFACE

The Division of Workers Compensation (KDWC) within the Kansas Department of Human Resources (KDHR) is charged with acquiring health service utilization data reflecting the experience of its workers compensation clients. As a cooperative effort among agencies, the Kansas Department of Health and Environment (KDHE), the Healthcare Data Governing Board (HCDGB), and the KDWC will share information resources and standards in collecting this data. Authority for collection of this data resides with the workers compensation statutory requirements (K.S.A. 44-557a). The workers compensation data will be collected through the same process as required by the Kansas Insurance Commissioner's statistical plan (K.S.A. 40-2251) currently in place at KDHE for accident and health experience. Data will be provided to the Division of Workers Compensation for ongoing refinement and revision of the medical fee schedule as required by K.S.A. 44-510i.

Data reporting will be required of insurers that provide workers compensation insurance in Kansas. The Kansas Workers Compensation Insurance Information System (WCIIS) standard, developed by the Center for Health and Environmental Statistics (CHES) / Office of Healthcare Information (OHCI) for data reporting and processing, will be employed. OHCI staff will provide guidance for program development and data preparation as the claim level database is created. KDHE analytical staff will review submitted data for quality assurance, and provide feedback to submitting companies. Confidentiality will be ensured as outlined in Section IV of this WCIIS Technical Manual.

## I. GENERAL RULES FOR SUBMISSION OF DATA

### A. Time Frame Requirement for Data Submissions

1. Data is to be submitted to KDHE on a quarterly basis. Data is due to KDHE within 105 days from the end of the calendar quarter. Therefore, data submitted for the quarters ending March 31, June 30, September 30 and December 31 are to be submitted on or before July 15, October 15, January 15, and April 15, respectively.
2. Upon receipt of a written request for an extension of the due date KDHE may for good cause, extend the time period for a particular reporting period. To make arrangements or for other questions, contact KDHE/WCIIS staff at (785) 368-7394 or (785) 296-8627.

### B. Data should be submitted in one of the following media:

Type	Character Code	Density	Format	Data Label
Reel Tape	EBCDIC	1600 or 6250 bpi		Volume Number
8MM	EBCDIC	2gb, 5gb, or 7gb		Volume Number
½" Cartridge (Not preferred)	EBCDIC	6250 bpi	Compressed	Volume Number
3 1/2" PC Diskette	ASCII	1.44 MB	ASCII Fixed	Volume Number
CD ROM	ASCII	650 MB	ASCII Fixed	Volume Number

Note: Do not combine record types in a file. Each record type should be in a separate file.

- C. Data submitted shall conform to the Standard Record Layout as specified by KDHE (see Appendix A).
- D. Each data submission is to be accompanied by a completed and signed Kansas Workers Compensation Insurance Information System Data Submission Form (see Appendix B).
- E. A data dictionary must be provided with the first data submission and amended as needed. The data dictionary will define the codes used in the "special coverage codes" variable in the Employer Record file. The data dictionary will provide additional information pertaining to the content of some of the variables requested and/or be used to clarify terminology used to describe data elements.
- F. The insurance company is responsible for correcting errors or omissions in the data submitted. Once errors have been identified by KDHE, the Division of Workers Compensation or the insurer, the corrected data must be submitted to KDHE for inclusion in the WCIIS system. These corrected data submissions are to be identified as resubmissions, by timeframe (i.e. quarter, year, *etc.*), of existing data for the company.

G. Every insured employer and/or certificate holder, covered at any time during the reporting period, must be included in the Employer Record, even if no claims have been filed against that employer. An Employer Record with pertinent coverage dates must be included for each claim included in the data submission.

H. Reporting Instructions

1. Data submitted should only include claims that fall under Kansas jurisdiction.
2. Data submitted must include any payment activity occurring within the reporting period.

## II. INSTRUCTIONS FOR PREPARING DATA

- A. The Employer ID (EMPID) is to be a 32 character (alpha-numeric) unique identifier that will permit information in any of the three files pertaining to a specific employer to be identified, linked, and analyzed. Select a unique identifier, usually the employer's Federal Tax ID Number, for the insured employer. The identifier is to be left justified with trailing blanks to fill as needed.
- B. The Insurer Number should be the insurer's NAIC Number, or permit number for self-insurers. It should be left justified and filled with trailing blanks to fill the 6 character long field.
- C. Key Fields to Enable Relating Records between Files  
To make full use of all information it is necessary to match record level information from the employer file, the summary file, and the detail file. To permit relating records it is necessary to have the Insurer Number, Employer ID, and the Claim Number prepared consistently in all files. The inability to relate records using the Insurer Number, Employer ID, and Claim Number will be considered an error and be cause for KDHE to request data to be resubmitted.

Key Fields*			
	Employer File	Summary File	Detail File
Primary Key	NAICNO (Insurer Number)	NAICNO (Insurer Number)	NAICNO (Insurer Number)
Secondary Key	EMPID (Employer ID)	EMPID (Employer ID)	EMPID (Employer ID)
Secondary Key	N/A	CLMNO (Claim Number)	CLMNO (Claim Number)
Secondary Key	N/A	PATSEX (Patient's Sex)	PATSEX (Patient's Sex)
Secondary Key	N/A	PATDOB (Patient's Date of Birth)	PATDOB (Patient's Date of Birth)
Secondary Key	N/A	PATNO (Patient's ID Number)	PATNO (Patient's ID Number)

\* Please see the glossary for variable definitions.

D. Numeric data, for purposes of the WCIS database, includes dates and financial variables.

1. Dates should be submitted in the format CCYYMMDD where CC=century, YY=two digit year, MM=numeric month, and DD=day of month. All dates are eight digits long with no separators.
2. Financial variables are numeric variables with length of 11. The number included in the data submission should not contain a decimal point; two decimal places are implicit. For example, the dollar amount \$12.89 would appear in the dataset as the number1289, right justified.

### III. DATA VALIDATION

Following receipt and processing the data will be analyzed to assess the content of the submitted files. Feedback to the submitting company will include a completed Data Assessment Checklist Form (see Appendix C) and a narrative summary of questions and concerns.



#### IV. CONFIDENTIALITY

The privacy of individual patients, providers and insurers is of utmost importance to the Kansas Workers Compensation Insurance Information System (WCIIS). In order to ensure privacy is maintained, several steps have been taken.

- A. The Kansas Division of Workers Compensation (KDWC) will not allow the identification of patients to be disclosed. All direct identifiers and characteristics that may lead to identification will be omitted from data released. Any identification, attempt at identification, or disclosure of a person is in violation of the confidentiality provisions of WCIIS.
- B. Certain protections are available to providers and insurers. K.S.A. 44-550b specifies protection of information in the WCIIS database.
- C. Individual company level data provided to KDHE and KDWC is protected from public release under the Uniform Trade Secrets Act if it is designated by the company as trade secrets (K.S.A. 60-3320). Those elements that can be protected are: Total Charge, Total Allowed, Total Paid, Line Item Charge, Line Item Allowed and Line Item Paid. Any additions to the protected element list must be justified and are subject to approval by KDWC. A written letter requesting such protection must be sent to Department of Human Resources Division of Workers Compensation in order for any additional data elements to be covered by the trade secret clause.
- D. The insurance company will assign an identification number to providers. The provider number is to be assigned by the insurer, with the exception of hospitals, which are identified by their Medicare ID number.

# Glossary

## General Terms

**Insurers:** Insurers providing coverage for Kansas employees under the Kansas Workers Compensation Act. These include insurance carriers and group-funded workers compensation pools operating by license from the Kansas Insurance Department, and self-insured employers operating by permit from the Kansas Division of Workers Compensation. Insurance carriers include insurance companies, indemnity insurers, reinsurers and excess insurers.

**Workers Compensation:** Insurance provided by the individual employer to cover employment-related injuries.

## Abbreviations

**ADA:** American Dental Association

**CHES:** Center for Health and Environmental Statistics, within KDHE

**CPT:** Current Procedural Terminology

**DRG:** Diagnostic Related Group

**HCPCS:** Health Care Financing Administration Common Coding System

**ICD:** International Classification of Diseases

**KDHE:** Kansas Department of Health and Environment

**KDWC:** Division of Workers Compensation in the Kansas Department of Human Resources

**NAIC:** National Association of Insurance Commissioners

**NAICS:** North American Industrial Classification System

**OHCI:** Office of Health Care Information, within CHES

## Variable Definitions

### Common Variables

**Group Number:** A number, which may include both alpha and numeric characters, that identifies a group of individual insurers or underwriters belonging to an insurance group.

**Employer ID:** This is a unique identifier (usually the employer's Federal Tax ID Number) assigned to each insured employer (please see Instructions for Preparing Data.).

**Insurer Number:** The insurer's NAIC Number, or permit number, if self-insured.

**Patient ID Number:** This is the last four digits of the individual's Social Security Number or a number generated and used for the individual on an ongoing basis.

### **Header Record Fields**

**Filename:** This is the name a company assigns to a transport data file being submitted for inclusion in the database.

**Period Beginning Date:** This is the earliest date for which paid claims are included in the file.

**Period Ending Date:** This is the last date for which paid claims are included in the file.

## **Employer File Variables**

**Eligibility Period Starting Date:** This is the initial date an employer was covered by the insurance plan.

**Eligibility Period Ending Date:** This is either the Period Ending Date, as found in the header file, or the last date an employer was covered by the insurance plan, whichever is the first or earliest date.

**Eligible Months in Reporting Period:** Will be calculated by KDHE.

**Industry Code (NAICS):** This is a seven-character field to identify the employer's industry. Refer to the North American Industry Classification System, Executive Office of the President of the United States, Office of Management and Budget, United States, 1997.

**Monthly Premium:** The premium attributed to providing coverage for an employer.

**Insurer Type:** identifies the insurer as a commercial carrier, self-insured, a group-funded pool, or other.

**Product Type:** identifies the product as (1) workers compensation insurance directly written by the insurance carrier or (2) an indemnity policy providing reinsurance or excess insurance to an insurance carrier, self-insured employer or group-funded workers compensation pool.

**Special Coverage Codes:** are defined by the insurer in the company data dictionary.

## **Claim Summary File Variables**

**Accident Date:** The date of occurrence of the accident for which the Workers Compensation claim is filed.

**Claim Line of Business:** This is the line of business for the primary health care professional or institution providing services included in this claim.

**Date Paid:** is the date the actual claim was paid or is to be set equal to the claim processing date plus two days.

**Discharge Status:** This field applies only to hospital inpatients, as identified in Claim Line of Business Variable 18 (LOB=1), and describes the discharge status according to the codes provided in the Summary File Layout (Appendix A, pg. A-3).

**First Date of Service:** The first date patient services are received on a claim or within an encounter. The admission date is to be used for inpatients.

**ICD-9 Diagnosis Code:** The primary diagnosis, which applies to the claim.

**ICD-9 Procedure Code:** The ICD-9 procedure code for the claim.

**Last Date of Service:** The last date patient services are received on a claim or within an encounter. For inpatients, the discharge date is to be used. If an inpatient has not been discharged at the end of the reporting period this field should be filled with a zero.

**Total Paid:** This is the dollar amount actually paid by the company for the services associated with a given claim.

**Total Charges:** This dollar amount is the total charge for the services associated with a given claim.

**Total Allowed:** This field captures the eligible amount for the services associated with a given claim.

## **Claim Detail File Variables**

**Attending/Prescribing Provider Type Code:** Is a companion to the Attending/Prescribing Provider Number, to indicate the role of the provider in the care process. Valid responses include: 1=Attending Physician; 2=Prescribing Physician; 3=Pharmacy, and 4=Other.

**Attending/Prescribing Provider Number:** The provider number assigned by the insurer.

**Brand Name Indicator:** Used only for claim line items that are prescription medications to denote whether the product is either a name brand or a generic medication. This will be assigned by KDHE from a standard reference table. Please fill this field with blanks.

**Capitation Agreement:** Indicates, through a “Y” = Yes “N” = No response, whether this procedure is covered by a capitation agreement.

**Date Paid:** is the date the actual claim was paid or is to be set equal to the claim processing date plus two days.

**Increment Line Item Number:** This counts the individual items applicable to a claim.

**Jurisdiction Code:** Code identifying the governing body whose statutes apply. This is the two character alphabetic state FIPS code, the same abbreviation used by the United States Post Office. Only records with Kansas jurisdiction (JURIS = KS) should be submitted to KDHE.

**Line Item Allowed:** This field captures the eligible amount for the service in the insurance company contract.

**Line Item Charge:** The amount billed for the service.

**Line Item Paid:** This is the amount actually paid by the company for the service.

**Place of Service:** This is the type of place, as defined in Appendix D: Code Table 2, where services were provided.

**Primary Diagnosis:** The ICD-9 Code indicating the primary condition for which a patient is receiving treatment within a claim. This code should correspond to the ICD-9 Diagnosis Code in the summary file for the corresponding claim.

**Provider Classification:** Identifies a provider as an attending physician, prescribing physician, pharmacy, or other.

**Provider City:** The city in which services are provided.

**Provider County:** The two-character county code for the county of the office, clinic or facility in which services are received. This will be assigned by KDHE from the provider zip code.

**Provider Number:** For hospitals this is the Medicare number. Other providers will have numbers assigned by the insurer.

**Provider State:** The two-character abbreviation for the state in which services are provided.

**Provider Type Code:** Identifies a provider as a health care professional, an institutional provider, or other.

**Provider Zip Code:** The nine-digit extended zip code of the office, clinic or facility in which services are received, with no separator such as a dash or blank between the zip and the extension. If the zip code extension is not known, this field should contain the five-digit zip code. The character variable should be left justified in the 15-character-long field, and trailing blanks should follow to fill the field.

**Revenue Modifier:** This is included to identify the type of Revenue/Procedure Code included in the claim detail record. Valid values for this field are: 1 = CPT-4 Codes; 2 = Revenue Codes; 3 = HCPC Codes; 4 = NDC Codes; and 5 = ADA Codes.

**Revenue/Procedure Code:** The appropriate procedure code for the service provided is placed in this field. The type of code is identified by the Modifier( see definition of Revenue Modifier). Valid code types are: CPT-4 Codes, Revenue Codes, HCPC Codes, NDC Codes, and ADA Codes.

**Secondary Diagnosis:** The first supplemental diagnosis, which requires treatment with a claim.

**Service Date:** This is the actual date the service, as indicated by the Revenue/Procedure Code, is provided.

**Taxonomy:** If “Provider Type” is professional (PRVTYP = 1), then this field contains the code for the primary specialty of the health care professional providing services for the specific claim item (see codes beginning on page D-1). If “Provider Type” is institutional (PRVYP = 2), then this field contains the code for the type of location where service is received (see codes beginning on page D-19).

**Therapeutic Class Code:** Used only for claim line items that are prescription medications to identify the class, or type, of drug. This will be assigned by KDHE from a standard reference table. Please fill this field with blanks.

**Third Diagnosis:** The second supplemental diagnosis, which requires treatment with a claim.

**Units of Service:** This is a measure of the amount of service that is provided to a patient. Report hospital days for inpatients, the quantity of pills (or other unit) prescribed for medications, and the appropriate units for other services.

**Units of Service, Type:** This is an indicator which identifies the Units of Service. Valid values are: 1 = minutes; 2 = hours; 3 = days; 4 = quantity.



### **Trailer Record Fields**

**Insurer Name:** This is the official name of the company providing insurance.

**Address Lines 1 and 2, City, State, and Zip Code:** The mailing address of the company providing Workers Compensation insurance.

## **Appendix A**

### **Standard File Layout**

## Header Record Layout

				DATA EXAMPLES		POSITION			FORMAT	
	ELEMENT	NAME	VALID VALUES	DISPLAY	SUBMITTED	LENGTH	START	END	TYPE	JUSTIFICATION
1	Insurer Number	NAICNO	NAIC Number (or permit # for self-insured)			6	1	6	C	L
2	Filename					10	7	16	C	L
3	Period Beginning Date		CCYYMMDD	January 1, 2000	20000101	8	17	24	N	R
4	Period Ending Date		CCYYMMDD	March 31, 2000	20000331	8	25	32	N	R
5	Record Count for the Employer File		Number of Records			9	33	41	N	R
6	Record Count for the Summary File		Number of Records			9	42	50	N	R
7	Record Count for the Detail File		Number of Records			9	51	59	N	R
						<b>POSITION:</b> LENGTH: Total length of the variable field START: Starting position of the field END: Ending position of the field <b>FORMAT:</b> TYPE: N=Numeric: Missing Values = Null Value C=Character: Missing Values = Blank JUSTIFICATION: R=Right L=Left				

## Employer Record, Filename: EMP1

				DATA EXAMPLES		POSITION			FORMAT	
	ELEMENT	NAME	VALID VALUES	DISPLAY	SUBMITTED	LENGTH	START	END	TYPE	JUSTIFICATION
1	Insurer Number	NAICNO	NAIC Number (or Permit # for self-insured)			6	1	6	C	L
2	Group Number	GRPNO	Group Number			30	7	36	C	L
3	Insurer Type	PAYTYP	1 = Commercial (carrier) 2 = Self insured 3 = Group-funded pool 4 = Other			1	37	37	C	L
4	Employer ID	EMPID	Unique Employer ID (Federal Tax ID #)			32	38	69	C	L
5	Industry Code	INDCD	NAICS Code for the employer			7	70	76	C	L
6	Product Type	PRDTYP	1 = Directly written 2 = Reinsurance or Excess insurance			1	77	77	C	L
7	Eligibility Period Starting Date	RPSDTE	CCYYMMDD	1-Jan-00	20000101	8	78	85	N	R
8	Eligibility Period Ending Date	RPEDTE	CCYYMMDD	31-Mar-00	20000331	8	86	93	N	R
9	Eligible Months in Reporting Period	ELGMOS	1 - 3 months (quarterly data)	Calculated by KDHE	Calculated by KDHE	2	94	95	N	R
10	Monthly Premium (for employer)	MONPRM	Actual Dollar Amount	\$1,234.56	123456	11.2	96	106	N	R
11	Special Coverage Codes	SPECCD	To Be Defined in Data Dictionary	ABCD123	ABCD123	7	107	113	C	L

## Patient Claim Record File #1, Filename: CLMREC1 (Summary)

	ELEMENT	NAME	VALID VALUES	DATA EXAMPLES		POSITION			FORMAT	
				DISPLAY	SUBMITTED	LENGTH	START	END	TYPE	JUSTIFICATION
1	Insurer Number	NAICNO	NAIC Number (or permit # for self-insured)			6	1	6	C	L
2	Group Number	GRPNO	Insurance Group			30	7	36	C	L
3	Employer ID	EMPID	Unique Employer ID (Federal Tax ID #)			32	37	68	C	L
4	Patient (employee) ID Number	PATNO	Last 4 digits of Patient Social Security Number			4	69	72	C	L
5	Patient Date of Birth	PATDOB	CCYYMMDD	31-Dec-99	19991231	8	73	80	N	R
6	Patient Gender Code	PATSEX	M = Male F = Female			1	81	81	C	L
7	Claim Number	CLMNO	Claim tracking number			20	82	101	C	L
8	Accident Date	ACCDTE	CCYYMMDD	31-Mar-00	20000315	8	102	109	N	R
9	First Date of Service	FSTD	CCYYMMDD	1-Jan-00	20000101	8	110	117	N	R
10	Last date of service	LSTD	CCYYMMDD	28-Feb-00	20000228	8	118	125	N	R
11	Date paid	PDDTE	CCYYMMDD	31-Mar-00	20000315	8	126	133	N	R
12	Total Charges	TOTCHG	Actual Dollar Amount	\$1,234,567.89	1234568790	11.2	134	144	N	R
13	Total Allowed	ALLCHG	Actual Dollar Amount	\$1,234,567.89	1234568790	11.2	145	155	N	R
14	Total Paid	PDCHG	Actual Dollar Amount	\$1,234,567.89	1234568790	11.2	156	166	N	R
15	ICD-9 Diagnosis Code	DIACDE	Primary Diagnosis Code	123.45	12345	6	167	172	C	L
16	ICD-9 Procedure Code	PRCCDE	Primary Procedure Code	12.34	1234	6	173	178	C	L
17	Diagnostic Related Group	DRG	Diagnostic Related Group	123	123	3	179	181	C	L
18	Claim line of Business	LOB	1 = Hospital Inpatient 2 = Hospital Outpatient 3 = Professional 4 = Drug 5 = Other			1	182	182	C	L
19	Discharge Status if Hospital Inpatient (LOB = 1)	DISCHG	01 = Home 02 = To general short-term hospital 03 = To skilled nursing facility 04 = To nursing facility 05 = To another type of institution for inpatient or outpatient 06 = To home under care of organized home health service organization 07 = Left against medical advice 08 = Discharged/ transferred to home under care of home IV provider 09 = Admitted as inpatient at this hospital 20 = Expired 30 = Not discharged 40 = Expired at home 50 = Hospice – home 51 = Hospice – medical facility 64 = Mass immunization center			2	183	184	C	L

## Patient Claim Record File #2, Filename: CLMREC2 (Detail)

				DATA EXAMPLES		POSITION			FORMAT	
	ELEMENT	NAME	VALID VALUES	DISPLAY	SUBMITTED	LENGTH	START	END	TYPE	JUSTIFICATION
1	Insurer Number	NAICNO	NAIC Number (or permit # for self-insured)			6	1	6	C	L
2	Group Number	GRPNO	Group Number			30	7	36	C	L
3	Employer ID	EMPID	Unique Employer ID (Federal Tax ID #)			32	37	68	C	L
4	Patient (employee) ID	PATNO	Last 4 digits of Patient SSN			4	69	72	C	L
5	Patient Date of Birth	PATDOB	CCYYMMDD	31-Dec-99	19991231	8	73	80	N	R
6	Patient Gender Code	PATSEX	M = Male F = Female			1	81	81	C	L
7	Claim Number	CLMNO	Claim tracking number			20	82	101	C	L
8	Increment/Line Item Number	LINENO	01-999			3	102	104	N	R
9	Initial Claim Date	CLMDTE	CCYYMMDD	31-Dec-99	19991231	8	105	112	N	R
10	Jurisdiction Code	JURIS	2-digit code identifying governing body whose statutes apply		Only claims with JURIS = KS should be submitted	5	113	117	C	L
11	Provider Type Code	PRVTYP	1 = Professional 2 = Institutional 3 = Other			1	118	118	C	L
12	Provider Number	PRVNUM	Hospital Medicare number others assigned by insurers			10	119	128	C	L
13	Provider City	PROCTY	Location of provider - city			35	129	163	C	L
14	Provider State	PROST	Location of provider -state			2	164	165	C	L
15	Provider Zip Code	PROZIP	9-digit zip code			15	166	180	C	L
16	Provider County	PROCOU	Assigned by KDHE		Fill with blanks	2	181	182	C	L
17	Taxonomy	TAX	Code Table 1, Appendix D			10	183	192	C	L
18	Primary Diagnosis	PRIDIA	Left justified, no decimal point ICD-9-CM code. Right blank filled.	123.45	12345	6	193	198	C	L
19	Secondary Diagnosis	SECDIA	Left justified, no decimal point	123.45	12345	6	199	204	C	L
20	Third Diagnosis	THIDIA	Left justified, no decimal point	123.45	12345	6	205	210	C	L
21	Diagnostic Related Group	DRG	Diagnostic Related Group	123	123	3	211	213	C	L
22	Revenue/Procedure Code	REVCDE	CPT-4 Codes HCPC Codes NDC Codes for Pharmacy Revenue Codes ADA Codes for Dental			15	214	228	C	L
23	Modifier	REVMOD	1 = CPT - 4 Codes 2 = Revenue Codes 3 = HCPC Codes 4 = NDC Codes 5 = ADA Codes			1	229	229	C	L
24	Service Date	SERDTE	CCYYMMDD	2-Jan-00	20000102	8	230	237	N	R
25	Place of Service	SERPLC	Code Table 2, Appendix D			2	238	239	C	L
26	Units of Service	SERUNT	i.e. Days for inpatients, service units for other claim types			7.2	240	246	N	R
27	Type of Unit of Service	SERTYP	1 = minutes 2 = hours 3 = days 4 = quantity			2	247	248	C	L
28	Therapeutic Class Code	THRCLS	Assigned by KDHE		Fill with blanks	7	249	255	C	L
29	Brand Name Indicator	BRNDNM	Assigned by KDHE 1 = Brand Name 2 = Generic		Fill with blanks	1	256	256	C	L
30	Line Item Charge	LNCHG	Actual Dollar Amount	\$132,456.78	13245678	11.2	257	267	N	R
31	Line Item Allowed	LNALL	Actual Dollar Amount	\$132,456.78	13245678	11.2	268	278	N	R
32	Line Item Paid	LNPAID	Actual Dollar Amount	\$132,456.78	13245678	11.2	279	289	N	R
33	Date Paid	DTPAID	CCYYMMDD	15-Mar-00	20000315	8	290	297	N	R
34	Capitation Indicator	CAPITN	Y = Yes N = No			1	298	298	C	L
35	Attending/Prescribing Provider	APPROV	Provider ID Number			15	299	313	C	L
36	Provider Classification	APPTYP	1 = Attending Physician 2 = Prescribing Physician 3 = Pharmacy 4 = Other			1	314	314	C	L

Trailer Record Layout, Filename: INSURER

	ELEMENT	NAME	VALID VALUES	DATA EXAMPLES		POSITION			FORMAT	
				DISPLAY	SUBMITTED	LENGTH	START	END	TYPE	JUSTIFICATION
1	Insurer Number	NAICNO	NAIC Number (or permit # for self-insured)			6	1	6	C	L
2	Insurer Name					50	7	56	C	L
3	Address Line 1					50	57	106	C	L
4	Address Line 2					50	107	156	C	L
5	City					25	157	181	C	L
6	State					2	182	183	C	L
7	Zip Code					9	184	192	C	L

**APPENDIX B**  
**WCIIS Data Submission Form**



## Kansas Workers Compensation Insurance Information System Data Submission Form

Insurance Carrier Name

\_\_\_\_\_

NAIC Number (or permit number, if self-insured)

\_\_\_\_\_

Reporting Period: \_\_\_\_\_ to \_\_\_\_\_

Submission Date: \_\_\_\_\_

Contact Person(s):

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Transmittal Type	Character Set	Media:
Please check one	Please check one	Please check one
<input type="checkbox"/> Original submission	<input type="checkbox"/> EBCDIC	<input type="checkbox"/> Reel Tape
<input type="checkbox"/> Re-submission	<input type="checkbox"/> ASCII	<input type="checkbox"/> 8MM Cartridge
If re-submission Work order number: _____ Original submission date: _____		<input type="checkbox"/> 1/2" Cartridge
		<input type="checkbox"/> 3 1/2" Diskette
		<input type="checkbox"/> CD-ROM

Volume Number	4	8	12
1	5	9	13
2	6	10	14
3	7	11	15

File	File Name	Number of Records	Record Length	Number of Bytes
Header				
Employer				
Claim Rec 1				
Claim Rec 2				
Trailer				

**Appendix C**  
**Data Assessment Checklist form**

**Workers Compensation Insurance Information System  
Data Assessment Checklist Form**

Appendix C

Company:				
Reviewer:				
NAIC or Permit #:				
Review Date:				
Data Year				
Data Quarter				
Work Request #				
Type of Record	Record Count	Item Response	Out of	Number Missing
Employer				
Summary				
Detail				
Matched				

# Workers Compensation Insurance Information System Data Assessment Checklist Form

Appendix C

EMPLOYER RECORD Element: EMP1									
	ELEMENT	VARIABLE NAME	FORMAT	CODING (Mean, Median, or Max)		FREQ. (N)	PERCENT	STATUS	SIGN
1	Insurer Number	NAICNO	6C	length (max)					
2	Group Number	GRPNO	30C	Length (max)					
3	Insurer Type	PAYTYP	1C	1 = Commercial (carrier)					
				2 = Self-insured					
				3 = Group-funded pool					
				4 = Other					
				0 = Missing or miscoded					
4	Employer ID	EMPID	32C	Length (max)					
5	Industry Code	INDCD	7C	Length (max)					
6	Product Type	PRDTYP	1C	1 = Directly Written					
				2 = Reinsurance or excess insurance					
				0 = Missing or miscoded					
7	Eligibility Period Starting Date	RPSDTE	8N	CCYYMMDD					
8	Eligibility Period Ending Date	RPEDTE	8N	CCYYMMDD					
				mean	median/max	non-zero	% non-zero		
9	Eligible Months in Reporting Period	ELGMOS	2N						
10	Monthly Premium (for employer)	MONPRM	11.2N						
11	Special Coverage Codes	SPECCD	7C	User defined					

# Workers Compensation Insurance Information System Data Assessment Checklist Form

Appendix C

PATIENT CLAIM RECORD #1 Filename: CLMREC1 (Summary)									
	ELEMENT	VAR NAME	FORMAT	CODING		FREQ. (N)	PERCENT	STATUS	SIGN
1	Insurer Number	NAICNO	6C	Length (max)					
2	Group Number	GRPNO	30C	Length (max)					
3	Employer ID	EMPID	32C	Length (max)					
4	Patient ID Number	PATNO	4C	Length (max)					
5	Patient Date of Birth	PATDOB	8N	CCYYMMDD (non-missing)					
6	Patient Gender Code	PATSEX	1C	1 = Male					
				2 = Female					
				0 = Missing or miscoded					
7	Claim Number	CLMNO	20C	Length (max)					
8	Accident Date	ACCDTE	8N	Length (max)					
9	First Date of Service	FSTDS	8N	CCYYMMDD					
10	Last Date of Service	LSTDS	8N	CCYYMMDD					
11	Date Paid	PDDTE	8N	CCYYMMDD					
				mean	median	non-zero	% non-zero		
12	Total Charges	TOTCHG	11.2N						
13	Total Allowed	ALLCHG	11.2N						
14	Total Paid	PDCHG	11.2N						
15	ICD-9 Diagnosis Code	DIACDE	6C						
16	ICD-9 Procedure Code	PRCCDE	6C						
17	Diagnostic Related Group	DRG	3C						
18	Claim line of Business	LOB	1C	1 = Hospital Inpatient					
				2 = Hospital Outpatient					
				3 = Professional					
				4 = Drug					
				5 = Other					
				0 = Missing or miscoded					
19	Discharge Status  This variable applies to patients identified as hospital inpatients, Claim Line of Business (LOB = 1), item 15 above.	DISCHG	2C	01 = Home					
				02 = to general short term hospital					
				03 = to skilled nursing facility					
				04 = to nursing facility					
				05 = to another type of institution for inpatient or outpatient					
				06 = to home under care of organized home health service organization					
				07 = Left against medical advice					
				08 = to home w/ home IV services					
				09 = admitted as inpatient to this hospital					
				20 = Expired					
				30 = Not Discharged					
				40 = Expired at Home					
				50 = Hospice (home)					
				51 = Hospice (medical facility)					
				64 = Mass immunization center					
				00 = Missing or miscoded					

# Workers Compensation Insurance Information System Data Assessment Checklist Form

Appendix C

PATIENT CLAIM RECORD #2 Filename: CLMREC2 (Detail)								
	ELEMENT	VAR NAME	FORMAT	CODING (Mean or	FREQ. (N)	PERCENT	STATUS	SIGN
1	Insurer Number	NAICNO	6C	Length (max)				
2	Group Number	GRPNO	30C	Length (max)				
3	Employer ID	EMPID	32C	Length (max)				
4	Patient ID	PATNO	4C	Length (max)				
5	Patient Date of Birth	PATDOB	8N	CCYYMMDD				
6	Patient Gender Code	PATSEX	1C	1 = Male 2 = Female 0 = Missing or Mis-Coded				
7	Claim Number	CLMNO	20C	Length (max)				
8	Increment/Line Item Number	LINENO	3N	01-999				
9	Initial Claim Date	CLMDTE	8N	CCYYMMDD				
10	Jurisdiction Code	JURIS	5C	Valid value = KS				
11	Provider Type Code	PRVTYP	1C	1 = Professional 2 = Institutional 3 = Other 0 = Missing or Mis-Coded				
12	Provider Number	PRVNUM	10C	Length (max)				
13	Provider City	PROCTY	35C					
14	Provider State	PROST	2C					
15	Provider Zip Code	PROZIP	15C	9-digit extended zip code				
16	Provider County	PROCOU	2C	2 character county code				
17	Taxonomy	TAX	10C	See Code Table 1				
18	Primary Diagnosis	PRIDIA	6C	ICD-9-CM code				
19	Secondary Diagnosis	SECDIA	6C					
20	Third Diagnosis	THIDIA	6C					
21	Diagnostic Related Group	DRG	3C					
22	Revenue/Procedure Code	REVCDE	15C	CPT, HCPC, NDC, ADA				
23	Modifier	REVMOD	1C	1 = CPT - 4 Code 2 = Revenue Code 3 = HCPC Code 4 = NDC Code 5 = ADA Code 0 = Missing or Mis-Coded				
24	Service Date	SERDTE	8N	CCYYMMDD				
25	Place of Service	SERPLC	2C	Valid Places (See Code)				
26	Units of Service	SERUNT	7.2	Minutes, hrs, days, or				
27	Type of Unit of Service	SERTYP	1C	1 = minutes 2 = hours 3 = days 4 = quantity 0 = Missing or Mis-Coded				
28	Therapeutic Class Code	THRCLS	7C	Assigned by KDHE				
29	Brand Name Indicator	BRNDNM	1C	Assigned by KDHE				
				mean	median	non-zero	% non-zero	
30	Line Item Charge	LNCHG	11.2N					
31	Line Item Allowed	LNALL	11.2N					
32	Line Item Paid	LNPAID	11.2N					
33	Date Paid	DTPAID	8N	CCYYMMDD				
34	Capitation Indicator	CAPITN	1C	Y = Yes N = No 0 = Missing or Mis-Coded				
35	Attending/Prescribing Provider	APPROV	10C	Length (max)				
36	Provider Classification Code	APPTYP	1C	1 = Attending Physician 2 = Prescribing Physician 3 = Pharmacy 4 = Other 0 = Missing or Mis-Coded				

## **Appendix D**

### **Code Tables**

**CODE TABLE 1**  
**Provider Taxonomy Codes**

<b>Behavioral Health &amp; Social Service</b>		
Counselor		101Y00000N
Counselor	Addiction (Substance Use Disorder)	101YA0400N
Counselor	Mental Health	101YM0800N
Counselor	Pastoral	101YP1600N
Counselor	Professional	101YP2500N
Counselor	School	101YS0200N
Marriage & Family Therapist		106H00000N
Neuropsychologist	Clinical	103GC0700N
Psychoanalyst		103S00000N
Psychoanalyst	Affiliate	103SA1800N
Psychoanalyst	Associate	103SA1400N
Psychologist		103T00000N
Psychologist	Addiction (Substance Use Disorder)	103TA0400N
Psychologist	Adult Development & Aging	103TA0700N
Psychologist	Behavioral	103TB0200N
Psychologist	Child, Youth & Family	103TC2200N
Psychologist	Clinical	103TC0700N
Psychologist	Counseling	103TC1900N
Psychologist	Educational	103TE1000N
Psychologist	Exercise & Sports	103TE1100N
Psychologist	Family	103TF0000N
Psychologist	Forensic	103TF0200N
Psychologist	Health	103TH0100N
Psychologist	Men & Masculinity	103TM1700N
Psychologist	Mental Retardation & Developmental Disabilities	103TM1800N
Psychologist	Psychotherapy	103TP2700N
Psychologist	Psychotherapy, Group	103TP2701N
Psychologist	Rehabilitation	103TR0400N
Psychologist	School	103TS0200N



Psychologist	Women	103TW0100N
Social Worker		104100000N
Social Worker	Clinical	1041C0700N
Social Worker	School	1041S0200N
<b>Chiropractors</b>		
Chiropractor		111N00000N
Chiropractor	Internist	111NI0900N
Chiropractor	Neurology	111NN0400N
Chiropractor	Nutrition	111NN1001N
Chiropractor	Occupational Medicine	111NX0100N
Chiropractor	Orthopedic	111NX0800N
Chiropractor	Radiology	111NR0200N
Chiropractor	Sports Physician	111NS0005N
Chiropractor	Thermography	111NT0100N
<b>Dental Service Providers</b>		
Dental Assistant		126800000N
Dental Hygienist		124Q00000N
Dental Laboratory Technician		126900000N
Dentist		122300000N
Dentist	Dental Public Health	1223D0001Y
Dentist	Endodontics	1223E0200Y
Dentist	Orthodontics	1223X0400Y
Dentist	Pathology, Oral & Maxillofacial	1223P0106Y
Dentist	Pediatrics Dentistry (Pedodontics)	1223P0221Y
Dentist	Periodontics	1223P0300Y
Dentist	Prosthodontics	1223P0700Y
Dentist	Surgery, Oral & Maxillofacial	1223S0112Y
<b>Dietary &amp; Nutritional Service Providers</b>		
Dietary Manager	Dietary Management	1327D0700N
Dietetic Technician		136A00000N
Dietician, Registered		133V00000N
Dietician, Registered	Nutrition, Metabolic	133VN1006N
Dietician, Registered	Nutrition, Pediatric	133VN1004N
Dietician, Registered	Nutrition, Renal	133VN1005N
Nutritionist		133N00000N

Nutritionist	Nutrition, Education	133NN1002N
<b>Emergency Medical Service Providers</b>		
Emergency Medical Technician, Basic		146N00000N
Emergency Medical Technician, Intermediate		146M00000N
Emergency Medical Technician, Paramedic		146L00000N
<b>Eye and Vision Service Providers</b>		
Optometrist		152W00000N
Optometrist	Contact Lens	152WC0800N
Optometrist	Low Vision	152WL0500N
Optometrist	Occupational Vision	152WX0102N
Optometrist	Pediatrics	152WP0200N
Optometrist	Sports Vision	152WS0006N
Optometrist	Vision Therapy	152WV0400N
Technician/Technologist	Contact Lens	156FC0800N
Technician/Technologist	Contact Lens Fitter	156FC0801N
Technician/Technologist	Ocularist	156FX1700N
Technician/Technologist	Ophthalmic	156FX1100N
Technician/Technologist	Ophthalmic Medical Assistant	156FX1101N
Technician/Technologist	Optician	156FX1800N
Technician/Technologist	Optometric Assistant	156FX1201N
Technician/Technologist	Optometric Technician	156FX1202N
Technician/Technologist	Orthoptist	156FX1900N
<b>Nursing Service Providers</b>		
Licensed Practical Nurse		164W00000N
Licensed Vocational Nurse		164X00000N
Registered Nurse		163W00000N
Registered Nurse	Addiction (Substance Use Disorder)	163WA0400N
Registered Nurse	Administrator	163WA2000N
Registered Nurse	Cardiac Rehabilitation	163WC3500N
Registered Nurse	Case Management	163WC0400N
Registered Nurse	College Health	163WC1400N
Registered Nurse	Community Health	163WC1500N
Registered Nurse	Continence Care	163WC2100N

Registered Nurse	Continuing Education/Staff Development	163WC1600N
Registered Nurse	Critical Care Medicine	163WC0200N
Registered Nurse	Diabetes Educator	163WD0400N
Registered Nurse	Dialysis, Peritoneal	163WD1100N
Registered Nurse	Emergency	163WE0003N
Registered Nurse	Enterstomal Therapy	163WE0900N
Registered Nurse	Flight	163WF0300N
Registered Nurse	Gastroenterology	163WG0100N
Registered Nurse	General Practice	163WG0000N
Registered Nurse	Gerontology	163WG0600N
Registered Nurse	Hemodialysis	163WH0500N
Registered Nurse	Home Health	163WH0200N
Registered Nurse	Hospice	163WH1000N
Registered Nurse	Infection Control	163WI0600N
Registered Nurse	Infusion Therapy	163WI0500N
Registered Nurse	Lactation Consultant	163WL0100N
Registered Nurse	Massage Therapy	163WM1400N
Registered Nurse	Maternal Newborn	163WM0102N
Registered Nurse	Medical-Surgical	163WM0705N
Registered Nurse	Neonatal Intensive Care	163WN0002N
Registered Nurse	Neonatal, Low-Risk	163WN0003N
Registered Nurse	Nephrology	163WN0300N
Registered Nurse	Neuroscience	163WN0800N
Registered Nurse	Nutrition Support	163WN1003N
Registered Nurse	Obstetric, High-Risk	163WX0002N
Registered Nurse	Obstetric, Inpatient	163WX0003N
Registered Nurse	Occupational Health	163WX0106N
Registered Nurse	Oncology	163WX0200N
Registered Nurse	Operating Room	163WX1000N
Registered Nurse	Ophthalmic	163WX1100N
Registered Nurse	Orthopedic	163WX0800N
Registered Nurse	Ostomy Care	163WX1500N
Registered Nurse	Otorhinolaryngology & Head-Neck	163WX0601N
Registered Nurse	Pain Management	163WP0000N
Registered Nurse	Pediatric Oncology	163WP0218N
Registered Nurse	Pediatrics	163WP0200N
Registered Nurse	Perinatal	163WP1700N

Registered Nurse	Post-Anesthesia	163WP2200N
Registered Nurse	Post-Anesthesia, Ambulatory	163WP2201N
Registered Nurse	Psychiatric/Mental Health	163WP0808N
Registered Nurse	Psychiatric/Mental Health, Adult	163WP0809N
Registered Nurse	Psychiatric/Mental Health, Child & Adolescent	163WP0807N
Registered Nurse	Rehabilitation	163WR0400N
Registered Nurse	Reproductive Endocrinology/Infertility	163WR1000N
Registered Nurse	School	163WS0200N
Registered Nurse	Surgery, Plastic	163WS0121N
Registered Nurse	Urology	163WU0100N
Registered Nurse	Women's Health Care, Ambulatory	163WW0101N
Registered Nurse	Wound Care	163WW0000N
<b>Nursing Service Related Providers</b>		
Christian Science Practitioner/Nurse		374T00000N
Home Health Aide		374U00000N
Homemaker		376J00000N
Nurse's Aide		376K00000N
Nursing Home Administrator		376G00000N
Technician	Personal Care Attendant	3747P1801N
<b>Other Service Providers</b>		
Acupuncturist		171100000N
Contractor	Home Modifications	171WH0202N
Driver		172A00000N
Funeral Director		176P00000N
Homeopath		175L00000N
Legal Medicine		173000000N
Midwife, Lay (Non-nurse)		175M00000N
Naturopath		175F00000N
Specialist	Graphics Designer	1744G0900N

Specialist	Prosthetics Case Management	1744P3200N
Specialist	Research Data Abstracter/Coder	1744R1103N
Specialist	Research Study	1744R1102N
Veterinarian	Medical Research	174MM1900N
<b>Pharmacy Service Providers</b>		
Pharmacist		183500000N
Pharmacist	General Practice	1835G0000N
Pharmacist	Nuclear Pharmacy	1835N0905N
Pharmacist	Nutrition Support	1835N1003N
Pharmacist	Pharmacotherapy	1835P1200N
Pharmacist	Psychopharmacy	1835P1300N
Technician	Pharmacy	1847P3400N
<b>Physician Assistants &amp; Advanced Practice Nursing Providers</b>		
Clinical Nurse Specialist		364S00000N
Clinical Nurse Specialist	Acute Care	364SA2100N
Clinical Nurse Specialist	Adult Health	364SA2200N
Clinical Nurse Specialist	Chronic Care	364SC2300N
Clinical Nurse Specialist	Community Health/Public Health	364SC1501N
Clinical Nurse Specialist	Critical Care Medicine	364SC0200N
Clinical Nurse Specialist	Emergency	364SE0003N
Clinical Nurse Specialist	Ethics	364SE1400N
Clinical Nurse Specialist	Family Health	364SF0001N
Clinical Nurse Specialist	Gerontology	364SG0600N
Clinical Nurse Specialist	Holistic	364SH1100N
Clinical Nurse Specialist	Home Health	364SH0200N
Clinical Nurse Specialist	Informatics	364SI0800N
Clinical Nurse Specialist	Long-Term Care	364SL0600N
Clinical Nurse Specialist	Medical-Surgical	364SM0705N
Clinical Nurse Specialist	Neonatal	364SN0000N
Clinical Nurse Specialist	Neonatal, High-Risk	364SN0004N
Clinical Nurse Specialist	Neuroscience	364SN0800N
Clinical Nurse Specialist	Occupational Health	364SX0106N
Clinical Nurse Specialist	Oncology	364SX0200N
Clinical Nurse Specialist	Oncology, Pediatrics	364SX0204N
Clinical Nurse Specialist	Pediatrics	364SP0200N
Clinical Nurse Specialist	Perinatal	364SP1700N

Clinical Nurse Specialist	Perioperative	364SP2800N
Clinical Nurse Specialist	Psychiatric/Mental Health	364SP0808N
Clinical Nurse Specialist	Psychiatric/Mental Health, Adult	364SP0809N
Clinical Nurse Specialist	Psychiatric/Mental Health, Child & Adolescent	364SP0807N
Clinical Nurse Specialist	Psychiatric/Mental Health, Child & Family	364SP0810N
Clinical Nurse Specialist	Psychiatric/Mental Health, Chronically Ill	364SP0811N
Clinical Nurse Specialist	Psychiatric/Mental Health, Community	364SP0812N
Clinical Nurse Specialist	Psychiatric/Mental Health, Geropsychiatric	364SP0813N
Clinical Nurse Specialist	Rehabilitation	364SR0400N
Clinical Nurse Specialist	Rural Health	364SR1300N
Clinical Nurse Specialist	School	364SS0200N
Clinical Nurse Specialist	Transplantation	364ST0500N
Clinical Nurse Specialist	Women's Health	364SW0102N
Midwife, Certified		366B00000N
Nurse Anesthetist, Certified Registered		367500000N
Nurse Practitioner		363L00000N
Nurse Practitioner	Acute Care	363LA2100N
Nurse Practitioner	Adult Health	363LA2200N
Nurse Practitioner	Community Health	363LC1500N
Nurse Practitioner	Critical Care Medicine	363LC0200N
Nurse Practitioner	Family	363LF0000N
Nurse Practitioner	Gerontology	363LG0600N
Nurse Practitioner	Neonatal	363LN0000N
Nurse Practitioner	Neonatal: Critical Care	363LN0005N
Nurse Practitioner	Obstetrics & Gynecology	363LX0001N
Nurse Practitioner	Occupational Health	363LX0106N
Nurse Practitioner	Pediatrics	363LP0200N
Nurse Practitioner	Pediatrics: Acute Care	363LP0223N
Nurse Practitioner	Pediatrics: Critical Care	363LP0222N
Nurse Practitioner	Perinatal	363LP1700N
Nurse Practitioner	Primary Care	363LP2300N

Nurse Practitioner	Psychiatric/Mental Health	363LP0808N
Nurse Practitioner	School	363LS0200N
Nurse Practitioner	Women's Health	363LW0102N
Physician Assistant		363A00000N
Physician Assistant	Medical	363AM0700N
Physician Assistant	Surgical	363AS0400N
<b>Physicians</b>		
Physician/Osteopath		203B00000N
Physician/Osteopath	Addiction Medicine	203BA0401N
Physician/Osteopath	Adolescent Medicine	203BA0000Y
Physician/Osteopath	Adolescent Medicine: Family Practice	203BA0001N
Physician/Osteopath	Adolescent Medicine: Internal Medicine	203BA0002Y
Physician/Osteopath	Adolescent Medicine: Pediatrics	203BA0003Y
Physician/Osteopath	Adolescent Only, Under 16	203BA0501N
Physician/Osteopath	Adolescent Only, Under 21	203BA0502N
Physician/Osteopath	Aerospace Medicine	203BA0100Y
Physician/Osteopath	Aerospace Medicine: Preventive Medicine	203BA0101Y
Physician/Osteopath	Age Specific, Greater than 1 Year Old	203BA0503N
Physician/Osteopath	Age Specific, Newborns Only	203BA0504N
Physician/Osteopath	Allergy	203BA0200N
Physician/Osteopath	Allergy & Immunology	203BA0201Y
Physician/Osteopath	Allergy & Immunology: Internal Medicine	203BA0202N
Physician/Osteopath	Anesthesiology	203BA0300Y
Physician/Osteopath	Blood Banking	203BB0000N
Physician/Osteopath	Blood Banking & Transfusion Medicine	203BB0001Y
Physician/Osteopath	Body Imaging	203BB0100Y
Physician/Osteopath	Cardiac Electrophysiology	203BC0000Y
Physician/Osteopath	Cardiac Electrophysiology, Clinical	203BC0001Y

Physician/Osteopath	Cardiology	203BC0100Y
Physician/Osteopath	Cardiovascular Disease	203BC2500Y
Physician/Osteopath	Critical Care Medicine	203BC0200Y
Physician/Osteopath	Critical Care Medicine: Anesthesiology	203BC0201Y
Physician/Osteopath	Critical Care Medicine: Internal Medicine	203BC0202Y
Physician/Osteopath	Critical Care Medicine: OB/GYN	203BC0203Y
Physician/Osteopath	Cytogenetics, Clinical	203BC0300Y
Physician/Osteopath	Cytopathology	203BC0500Y
Physician/Osteopath	Dermatology	203BD0100Y
Physician/Osteopath	Dermatology Micrographic Surgery	203BD0101Y
Physician/Osteopath	Dermatopathology	203BD0900Y
Physician/Osteopath	Dermatopathology: Dermatology	203BD0901N
Physician/Osteopath	Diabetes	203BD0300N
Physician/Osteopath	Emergency Medicine	203BE0004Y
Physician/Osteopath	Endocrinology	203BE0100Y
Physician/Osteopath	Endocrinology, Diabetes & Metabolism	203BE0101Y
Physician/Osteopath	Endocrinology, Reproductive	203BE0102Y
Physician/Osteopath	Family Practice	203BF0100Y
Physician/Osteopath	Forensic Pathology	203BF0201Y
Physician/Osteopath	Forensic Psychiatry	203BF0202N
Physician/Osteopath	Gastroenterology	203BG0100Y
Physician/Osteopath	General Practice	203BG0000Y
Physician/Osteopath	Genetics, Clinical (M.D.)	203BG0201Y
Physician/Osteopath	Genetics, Clinical Biochemical	203BG0202Y
Physician/Osteopath	Genetics, Clinical Biochemical/ Molecular	203BG0204Y
Physician/Osteopath	Genetics, Clinical Molecular	203BG0203Y
Physician/Osteopath	Genetics, Medical	203BG0200Y
Physician/Osteopath	Geriatric Medicine	203BG0300N
Physician/Osteopath	Geriatric Medicine: Family Practice	203BG0301Y



Physician/Osteopath	Geriatric Medicine: General Practice	203BG0302Y
Physician/Osteopath	Geriatric Medicine: Internal Medicine	203BG0303Y
Physician/Osteopath	Gynecology	203BG0400N
Physician/Osteopath	Hematology	203BH0000Y
Physician/Osteopath	Hematology & Oncology	203BH0003Y
Physician/Osteopath	Hematology: Internal Medicine	203BH0001Y
Physician/Osteopath	Hematology: Pathology	203BH0002Y
Physician/Osteopath	Immunology, Clinical & Laboratory	203BI0001N
Physician/Osteopath	Immunology, Clinical & Laboratory Dermatological	203BI0002N
Physician/Osteopath	Immunology, Clinical & Laboratory: Allergy & Immunology	203BI0005N
Physician/Osteopath	Immunology, Clinical & Laboratory: Internal Medicine	203BI0006N
Physician/Osteopath	Immunology, Clinical & Laboratory: Pediatric	203BI0007N
Physician/Osteopath	Immunology, Dermatological	203BI0003Y
Physician/Osteopath	Immunology: Laboratory , Diagnostic	203BI0004Y
Physician/Osteopath	Immunopathology	203BI0100Y
Physician/Osteopath	Infectious Diseases	203BI0200Y
Physician/Osteopath	Infertility	203BI0400N
Physician/Osteopath	Internal Medicine	203BI0300Y
Physician/Osteopath	Laboratory Medicine	203BL0000Y
Physician/Osteopath	Maternal & Fetal Medicine	203BM0101Y
Physician/Osteopath	Medical Diseases of the Chest	203BM0200Y
Physician/Osteopath	Medical Microbiology	203BM0300Y
Physician/Osteopath	Neonatal-Perinatal Medicine	203BN0001Y
Physician/Osteopath	Neonatology	203BN0100Y
Physician/Osteopath	Neopathology	203BN0200N
Physician/Osteopath	Nephrology	203BN0300Y
Physician/Osteopath	Neurology	203BN0400Y

Physician/Osteopath	Neurology, Child	203BN0402Y
Physician/Osteopath	Neuropathology	203BN0500Y
Physician/Osteopath	Neurophysiology, Clinical	203BN0600Y
Physician/Osteopath	Neuroradiology	203BN0700Y
Physician/Osteopath	Nuclear Cardiology	203BN0901Y
Physician/Osteopath	Nuclear Imaging & Therapy	203BN0902Y
Physician/Osteopath	Nuclear Medicine	203BN0900Y
Physician/Osteopath	Nuclear Medicine, In Vivo & In Vitro	203BN0903Y
Physician/Osteopath	Nuclear Radiology	203BN0904Y
Physician/Osteopath	Obstetrics	203BX0000N
Physician/Osteopath	Obstetrics & Gynecology	203BX0001Y
Physician/Osteopath	Occupational Medicine	203BX0100Y
Physician/Osteopath	Occupational Medicine: Preventive Medicine	203BX0104Y
Physician/Osteopath	Occupational-Environmental Medicine: Preventive Medicine	203BX0105Y
Physician/Osteopath	Oncology	203BX0200Y
Physician/Osteopath	Oncology, Gynecologic	203BX0201Y
Physician/Osteopath	Oncology, Medical	203BX0202Y
Physician/Osteopath	Ophthalmology	203BX0300Y
Physician/Osteopath	Orthopedic	203BX0800N
Physician/Osteopath	Osteopathic Manipulative Medicine, Special Proficiency	203BX2100Y
Physician/Osteopath	Otolaryngology	203BX0500Y
Physician/Osteopath	Otology	203BX0900N
Physician/Osteopath	Otology & Neurotology	203BX0901N
Physician/Osteopath	Otorhinolaryngology	203BX0600Y
Physician/Osteopath	Otorhinolaryngology & Head-Neck	203BX0601N
Physician/Osteopath	Pain Management - Anesthesiology	203BP0001Y
Physician/Osteopath	Pain Medicine	203BP2900N
Physician/Osteopath	Pathology	203BP0100Y
Physician/Osteopath	Pathology, Anatomic	203BP0101Y

Physician/Osteopath	Pathology, Anatomic & Clinical	203BP0102Y
Physician/Osteopath	Pathology, Anatomic & Laboratory Medicine	203BP0103Y
Physician/Osteopath	Pathology, Chemical	203BP0104Y
Physician/Osteopath	Pathology, Clinical	203BP0105Y
Physician/Osteopath	Pathology, Radioisotopic	203BP0107N
Physician/Osteopath	Pediatric Allergy & Immunology	203BP0201Y
Physician/Osteopath	Pediatric Cardiology	203BP0202Y
Physician/Osteopath	Pediatric Critical Care Medicine	203BP0203Y
Physician/Osteopath	Pediatric Emergency Medicine	203BP0204Y
Physician/Osteopath	Pediatric Endocrinology	203BP0205Y
Physician/Osteopath	Pediatric Gastroenterology	203BP0206Y
Physician/Osteopath	Pediatric Hematology Oncology	203BP0207Y
Physician/Osteopath	Pediatric Infectious Diseases	203BP0208Y
Physician/Osteopath	Pediatric Intensive Care	203BP0209Y
Physician/Osteopath	Pediatric Medical Toxicology	203BP0220N
Physician/Osteopath	Pediatric Nephrology	203BP0210Y
Physician/Osteopath	Pediatric Neurology	203BP0211Y
Physician/Osteopath	Pediatric Otolaryngology	203BP0212Y
Physician/Osteopath	Pediatric Pathology	203BP0213Y
Physician/Osteopath	Pediatric Pulmonology	203BP0214Y
Physician/Osteopath	Pediatric Radiology	203BP0215N
Physician/Osteopath	Pediatric Rheumatology	203BP0216Y
Physician/Osteopath	Pediatrics	203BP0200Y
Physician/Osteopath	Pharmacology, Clinical	203BP2600N
Physician/Osteopath	Pharmacotherapy	203BP1200N
Physician/Osteopath	Physical Medicine & Rehabilitation	203BP0400Y
Physician/Osteopath	Preventive Medicine, General	203BP0500Y
Physician/Osteopath	Proctology	203BP0600Y
Physician/Osteopath	Psychiatry	203BP0800Y

Physician/Osteopath	Psychiatry & Neurology	203BP0801Y
Physician/Osteopath	Psychiatry, Addiction	203BP0802Y
Physician/Osteopath	Psychiatry, Child	203BP0803Y
Physician/Osteopath	Psychiatry, Child & Adolescent	203BP0804Y
Physician/Osteopath	Psychiatry, Geriatric	203BP0805Y
Physician/Osteopath	Psychiatry, Pediatric	203BP0806N
Physician/Osteopath	Psychopharmacy	203BP1300N
Physician/Osteopath	Public Health & General Preventive Medicine	203BP0901N
Physician/Osteopath	Public Health: Preventive Medicine	203BP0903Y
Physician/Osteopath	Pulmonary Diseases	203BP1001Y
Physician/Osteopath	Pulmonary Medicine	203BP1003Y
Physician/Osteopath	Radiation Oncology	203BR0001Y
Physician/Osteopath	Radiation Therapy	203BR0002Y
Physician/Osteopath	Radiological Physics	203BR0205N
Physician/Osteopath	Radiology	203BR0200Y
Physician/Osteopath	Radiology, Angiography & Interventional	203BR0201Y
Physician/Osteopath	Radiology, Diagnostic	203BR0202Y
Physician/Osteopath	Radiology, Therapeutic	203BR0203N
Physician/Osteopath	Radiology, Vascular & Interventional	203BR0204N
Physician/Osteopath	Radium Therapy	203BR0300N
Physician/Osteopath	Rehabilitation Medicine	203BR0402Y
Physician/Osteopath	Rheumatology	203BR0500Y
Physician/Osteopath	Rhinology	203BR0600N
Physician/Osteopath	Roentgenology	203BR0700Y
Physician/Osteopath	Roentgenology, Diagnostic	203BR0701Y
Physician/Osteopath	Sports Medicine	203BS0000Y
Physician/Osteopath	Sports Medicine: Emergency Medicine	203BS0001Y
Physician/Osteopath	Sports Medicine: Family Practice	203BS0002Y
Physician/Osteopath	Sports Medicine: Internal Medicine	203BS0003Y
Physician/Osteopath	Sports Medicine: Pediatrics	203BS0004Y
Physician/Osteopath	Surgerv. Abdominal	203BS0104N

Physician/Osteopath	Surgery, Cardiovascular	203BS0133N
Physician/Osteopath	Surgery, Colon & Rectal Surgery	203BS0101Y
Physician/Osteopath	Surgery, Facial Plastic	203BS0123Y
Physician/Osteopath	Surgery, General	203BS0100Y
Physician/Osteopath	Surgery, General Vascular	203BS0129Y
Physician/Osteopath	Surgery, Hand	203BS0105Y
Physician/Osteopath	Surgery, Hand: Orthopedic Surgery	203BS0106Y
Physician/Osteopath	Surgery, Hand: Plastic Surgery	203BS0107Y
Physician/Osteopath	Surgery, Head & Neck	203BS0108N
Physician/Osteopath	Surgery, Neurological	203BS0110Y
Physician/Osteopath	Surgery, Obstetric & Gynecologic	203BS0111Y
Physician/Osteopath	Surgery, Orthopedic	203BS0113Y
Physician/Osteopath	Surgery, Orthopedic, Adult Reconstructive	203BS0114N
Physician/Osteopath	Surgery, Orthopedic, Musculoskeletal Oncology	203BS0115N
Physician/Osteopath	Surgery, Orthopedic, Pediatric	203BS0116N
Physician/Osteopath	Surgery, Orthopedic, Spine	203BS0117N
Physician/Osteopath	Surgery, Orthopedic, Trauma	203BS0119N
Physician/Osteopath	Surgery, Otorhinolaryngology & Facial Plastic Surgery	203BS0130Y
Physician/Osteopath	Surgery, Pediatric	203BS0120Y
Physician/Osteopath	Surgery, Plastic	203BS0121Y
Physician/Osteopath	Surgery, Plastic & Reconstructive	203BS0122Y
Physician/Osteopath	Surgery, Thoracic	203BS0125Y
Physician/Osteopath	Surgery, Thoracic Cardiovascular	203BS0126Y
Physician/Osteopath	Surgery, Traumatic	203BS0127N
Physician/Osteopath	Surgery, Urological	203BS0128Y
Physician/Osteopath	Surgical Critical Care: Surgery	203BS0102Y
Physician/Osteopath	Thermography	203BT0100N

Physician/Osteopath	Toxicology, Medical	203BT0000Y
Physician/Osteopath	Toxicology, Medical: Emergency Medicine	203BT0002Y
Physician/Osteopath	Toxicology, Medical: Preventive Medicine	203BT0001Y
Physician/Osteopath	Ultrasound, Diagnostic	203BU0001Y
Physician/Osteopath	Underseas Medicine: Preventive Medicine	203BU0300Y
Physician/Osteopath	Urology	203BU0100Y
<b>Physicians (Other Roles)</b>		
Physician/Osteopath	Laboratory Service Provider	353BL0002N
Physician/Osteopath	Supplier	353BS0900N
<b>Podiatric Medicine &amp; Surgery Service</b>		
Assistant, Podiatric		211D00000N
Podiatrist		213E00000N
Podiatrist	General Practice	213EG0000N
Podiatrist	Preventive Medicine: Public Health	213EP0504N
Podiatrist	Primary Podiatric Medicine	213EP1101N
Podiatrist	Radiology	213ER0200N
Podiatrist	Sports Medicine	213ES0000N
Podiatrist	Surgery, Foot	213ES0131N
Podiatrist	Surgery, Foot & Ankle	213ES0103N
<b>Respiratory, Rehabilitative &amp; Restorative</b>		
Art Therapist		221700000N
Dance Therapist		225600000N
Kinesiotherapist		226300000N
Massage Therapist		225700000N
Music Therapist		225A00000N
Occupational Therapist		225X00000N
Occupational Therapist	Case Management	225XC0400N
Occupational Therapist	Ergonomics	225XE1200N
Occupational Therapist	Hand	225XH1200N
Occupational Therapist	Human Factors	225XH1300N
Occupational Therapist	Neurorehabilitation	225XN1300N
Occupational Therapist	Pediatrics	225XP0200N
Occupational Therapist	Rehabilitation. Driver	225XR0403N

Occupational Therapy Assistant		224Z00000N
Orthotics/Prosthetics Fitter		225000000N
Orthotist		222Z00000N
Physical Therapist		225100000N
Physical Therapist	Cardiopulmonary	2251C2600N
Physical Therapist	Case Management	2251C0400N
Physical Therapist	Electrophysiology, Clinical	2251E1300N
Physical Therapist	Ergonomics	2251E1200N
Physical Therapist	Geriatrics	2251G0304N
Physical Therapist	Hand	2251H1200N
Physical Therapist	Human Factors	2251H1300N
Physical Therapist	Neurology	2251N0400N
Physical Therapist	Orthopedic	2251X0800N
Physical Therapist	Pediatrics	2251P0200N
Physical Therapist	Sports	2251S0007N
Physical Therapy Assistant		225200000N
Prosthetist		224P00000N
Pulmonary Function Technologist		225B00000N
Recreation Therapist		225800000N
Rehabilitation Counselor		225C00000N
Rehabilitation Counselor	Assistive Technology Practitioner	225CA2400N
Rehabilitation Counselor	Assistive Technology Supplier	225CA2500N
Rehabilitation Practitioner		225400000N
Respiratory Therapist		225900000N
Respiratory Therapist	Perinatal	2259P1700N
Specialist/Technologist	Athletic Trainer	2255A2300N
Specialist/Technologist	Rehabilitation, Blind	2255R0406N
<b>Speech, Language and Hearing Service</b>		
Audiologist		231H00000N
Audiologist	Assistive Technology Practitioner	231HA2400N

Audiologist	Assistive Technology Supplier	231HA2500N
Audiologist-Hearing Aid Fitter		237600000N
Hearing Instrument Specialist		237700000N
Specialist/Technologist	Audiology Assistant	2355A2700N
Specialist/Technologist	Speech-Language Assistant	2355S0801N
Speech-Language Pathologist		235Z00000N
<b>Technologists, Technicians &amp; Other</b>		
Radiologic Technologist	Cardiovascular-Interventional Technology: Radiography	2471C1101N
Radiologic Technologist	Computed Tomography: Radiation Therapy	2471C3401N
Radiologic Technologist	Computed Tomography: Radiography	2471C3402N
Radiologic Technologist	Dosimetrist, Medical	2471D1300N
Radiologic Technologist	Magnetic Resonance Imaging (MRI): Radiation Therapy	2471M1201N
Radiologic Technologist	Magnetic Resonance Imaging (MRI): Radiographer	2471M1202N
Radiologic Technologist	Mammography: Radiography	2471M2300N
Radiologic Technologist	Nuclear Medicine Technology	2471N0900N
Radiologic Technologist	Quality Management: Radiation Therapy	2471Q0001N
Radiologic Technologist	Quality Management: Radiographer	2471Q0002N
Radiologic Technologist	Radiation Physicist	2471R0003N
Radiologic Technologist	Radiation Therapy	2471R0002N
Radiologic Technologist	Radiographer	2471R1500N
Radiologic Technologist	Sonography, Diagnostic Medical	2471S1302N
Specialist/Technologist, Cardiovascular	Cardiology	246VC0100N



Specialist/Technologist, Cardiology	Cardiopulmonary-Cardiovascular	246VC2400N
Specialist/Technologist, Cardiology	Cardiovascular: Invasive Technology	246VC2901N
Specialist/Technologist, Cardiology	Cardiovascular: Noninvasive Technology	246VC2902N
Specialist/Technologist, Cardiology	Cardiovascular: Vascular Technology	246VC2903N
Specialist/Technologist, Cardiology	Perfusionist	246VP3600N
Specialist/Technologist, Cardiology	Sonography, Diagnostic Cardiac	246VS1301N
Specialist/Technologist, Cardiology	Vascular	246VV0100N
Specialist/Technologist, Health Information	Coding Specialist, Hospital Based	246YC3301N
Specialist/Technologist, Health Information	Coding Specialist, Physician Office Based	246YC3302N
Specialist/Technologist, Health Information	Registered Record Administrator	246YR1600N
Specialist/Technologist, Other	Art, Medical	246ZA2600N
Specialist/Technologist, Other	Biochemist	246ZB0500N
Specialist/Technologist, Other	Biomedical Engineering	246ZB0301N
Specialist/Technologist, Other	Biomedical Photographer	246ZB0302N
Specialist/Technologist, Other	Biostatistician	246ZB0600N
Specialist/Technologist, Other	EEG	246ZE0500N
Specialist/Technologist, Other	Electroneurodiagnostic	246ZE0600N
Specialist/Technologist, Other	Forensic	246ZF0200N
Specialist/Technologist, Other	Geneticist, Medical (PhD)	246ZG1000N
Specialist/Technologist, Other	Graphics Methods	246ZG0701N
Specialist/Technologist, Other	Illustration, Medical	246ZI1000N
Specialist/Technologist, Other	Nephrology	246ZN0300N

Specialist/Technologist, Other	Surgical	246ZS0400N
Specialist/Technologist, Other	Virology	246ZV0500N
Specialist/Technologist, Pathology	Blood Banking	246QB0000N
Specialist/Technologist, Pathology	Chemistry	246QC1000N
Specialist/Technologist, Pathology	Cytotechnology	246QC2700N
Specialist/Technologist, Pathology	Hemapheresis Practitioner	246QH0401N
Specialist/Technologist, Pathology	Hematology	246QH0000N
Specialist/Technologist, Pathology	Histology	246QH0600N
Specialist/Technologist, Pathology	Immunology	246QI0000N
Specialist/Technologist, Pathology	Laboratory Management	246QL0900N
Specialist/Technologist, Pathology	Laboratory Management, Diplomate	246QL0901N
Specialist/Technologist, Pathology	Medical Technologist	246QM0706N
Specialist/Technologist, Pathology	Microbiology	246QM0900N
Technician, Cardiology	Cardiographic	246WC3000N
Technician, Cardiology	ECG	246WE0400N
Technician, Health Information	Assistant Record Technician	2470A2800N
Technician, Other	Biomedical Engineering	2472B0301N
Technician, Other	Darkroom	2472D0500N
Technician, Other	EEG	2472E0500N
Technician, Other	Renal Dialysis	2472R0900N
Technician, Other	Veterinary	2472V0600N
Technician, Pathology	Histology	246RH0600N
Technician, Pathology	Medical Laboratory	246RM2200N
Technician, Pathology	Phlebotomy	246RP1900N
<b>Agencies</b>		
Agency	Case Management	2514C0400N
Agency	Home Health	2514H0200N
Agency	Home Infusion	2514H0701N

Agency	Hospice Care, Community Based	2514H0300N
Agency	Nursing Care	2514N1101N
Agency	Public Health or Welfare	2514P0906N
Agency	Voluntary or Charitable	2514V0001N
<b>Ambulatory Health Care Facilities</b>		
Clinic/Center	Adult Day Care	261QA0600N
Clinic/Center	Ambulatory Surgical	261QA1903N
Clinic/Center	Birthing	261QB0400N
Clinic/Center	Community Health	261QC1500N
Clinic/Center	Corporate Health	261QC1800N
Clinic/Center	Dental	261QD0000N
Clinic/Center	Emergency Care	261QE0002N
Clinic/Center	End-Stage Renal Disease (ESRD) Treatment	261QE0700N
Clinic/Center	Endoscopy	261QE0800N
Clinic/Center	Federally Qualified Health Center (FQHC)	261QF0400N
Clinic/Center	Health	261QH0100N
Clinic/Center	Infusion Therapy	261QI0500N
Clinic/Center	Lithotripsy	261QL0400N
Clinic/Center	Magnetic Resonance Imaging (MRI)	261QM1200N
Clinic/Center	Mental Health (Including Community Mental Health Center)	261QM0801N
Clinic/Center	Migrant Health	261QM1000N
Clinic/Center	Military	261QM1100N
Clinic/Center	Military Expanded Services	261QM1101N
Clinic/Center	Military Operational Component	261QM1102N
Clinic/Center	Multi-Specialty	261QM1300N
Clinic/Center	Occupational Medicine	261QX0100N
Clinic/Center	Oncology, Radiation	261QX0203N
Clinic/Center	Pain	261QP3300N
Clinic/Center	Physical Therapy	261QP2000N
Clinic/Center	Podiatric	261QP1100N
Clinic/Center	Primary Care	261QP2300N

Clinic/Center	Prison Health	261QP2400N
Clinic/Center	Public Health, Federal	261QP0904N
Clinic/Center	Public Health, State or Local	261QP0905N
Clinic/Center	Radiology	261QR0200N
Clinic/Center	Radiology: Mammography	261QR0206N
Clinic/Center	Radiology: Mobile	261QR0208N
Clinic/Center	Radiology: Mobile Mammography	261QR0207N
Clinic/Center	Recovery Care	261QR0800N
Clinic/Center	Rehabilitation	261QR0400N
Clinic/Center	Rehabilitation, Comprehensive Outpatient Rehabilitation Facility (CORF)	261QR0401N
Clinic/Center	Rehabilitation, Substance Use Disorder	261QR0405N
Clinic/Center	Rehabilitation: Cardiac Facilities	261QR0404N
Clinic/Center	Research	261QR1100N
Clinic/Center	Rural Health	261QR1300N
Clinic/Center	Sleep Disorder Diagnostic	261QS1200N
Clinic/Center	Student Health	261QS1000N
Clinic/Center	Surgery, Ophthalmologic	261QS0132N
Clinic/Center	Surgery, Oral/Maxillofacial	261QS0112N
Clinic/Center	Urgent Care	261QU0200N
Clinic/Center	VA	261QV0200N
<b>Hospital Units</b>		
Medicare Defined Swing Bed Unit		275N00000N
Psychiatric Unit		273R00000N
Rehabilitation Unit		273Y00000N
Rehabilitation, Substance Use Disorder Unit		276400000N
<b>Hospitals</b>		
Christian Science Sanatorium		287300000N

Chronic Disease Hospital		281P00000N
Chronic Disease Hospital	Children	281PC2000N
General Acute Care Hospital		282N00000N
General Acute Care Hospital	Children	282NC2000N
General Acute Care Hospital	Rural	282NR1301N
General Acute Care Hospital	Women	282NW0100N
Military Hospital	Community Health	2865C1500N
Military Hospital	Medical Center	2865M2000N
Military Hospital	Operational Component Facility	2865X1600N
Psychiatric Hospital		283Q00000N
Rehabilitation Hospital		283X00000N
Rehabilitation Hospital	Children	283XC2000N
Special Hospital		284300000N
<b>Laboratories</b>		
Clinical Medical Laboratory		291U00000N
Dental Laboratory		292200000N
Physiological Laboratory		293D00000N
<b>Managed Care Organizations</b>		
Exclusive Provider Organization		302F00000N
Health Maintenance Organization		302R00000N
Point of Service		305S00000N
Preferred Provider Organization		305R00000N
<b>Nursing &amp; Custodial Care Facilities</b>		
Alzheimer Center (Dementia Center)		311500000N
Christian Science Facility		317400000N
Custodial Care Facility		311Z00000N
Hospice, Inpatient		315D00000N

Intermediate Care Facility, Mentally Retarded		315P00000N
Nursing Facility/Intermediate Care Facility		313M00000N
Skilled Nursing Facility		314000000N
<b>Residential Treatment Facilities</b>		
Psychiatric Residential Treatment Facility		323P00000N
Residential Treatment Facility for Emotionally Disturbed Children		322D00000N
Substance Use Rehabilitation Facility		324500000N
<b>Suppliers</b>		
Blood Bank		331L00000N
Durable Medical Equipment & Medical Supplies		332B00000N
Durable Medical Equipment & Medical Supplies	Customized Equipment	332BC3200N
Durable Medical Equipment & Medical Supplies	Dialysis Equipment & Supplies	332BD1200N
Durable Medical Equipment & Medical Supplies	Nursing Facility Supplies	332BN1400N
Durable Medical Equipment & Medical Supplies	Oxygen Equipment & Supplies	332BX2000N
Durable Medical Equipment & Medical Supplies	Parenteral & Enteral Nutrition	332BP3500N
Eye Bank		332G00000N
Eyewear Supplier (Equipment, not the service)		332H00000N
Hearing Aid Equipment		332S00000N
Home Delivered Meals		332U00000N
Organ Procurement Organization		335U00000N
Pharmacy		333600000N

Portable X-Ray Supplier		335V00000N
Prosthetic/Orthotic Supplier		335E00000N
<b>Transportation Services</b>		
Ambulance	Air	3416A0800N
Ambulance	Land	3416L0300N
Ambulance	Sea	3416S0300N
Medical Transport (Van)		343900000N
Taxi		344600000N

**CODE TABLE 2**  
**PLACE OF SERVICE**

<b>Code</b>	<b>Place</b>	<b>Definition</b>
11	Office	Location, other than a hospital, Skilled Nursing Facility (SNF), Military Treatment Facility, Community Health Center, State or Local Public Health Clinic or Intermediate Care Facility (ICF), where the health professional routinely provides health examinations, diagnosis and treatment of illness or injury on an ambulatory basis.
12	Home	Location, other than a hospital or other facility, where the patient receives care in a private residence.
21	Inpatient Hospital	A facility, other than psychiatric, which primarily provides diagnostic, therapeutic (both surgical and non-surgical) and rehabilitation services by, or under, the supervision of physicians to patients admitted for a variety of medical conditions.
22	Outpatient Hospital	A portion of a hospital which provides diagnostic, therapeutic (both surgical and non-surgical) and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization.
23	Emergency Room-Hospital	A portion of a hospital which provides diagnostic, therapeutic (both surgical and non-surgical) and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization.
24	Ambulatory Surgical Center	A freestanding facility, other than a physician's office, where surgical and diagnostic services are provided on an ambulatory basis.
25	Birthing Center	A facility, other than a hospital's maternity facilities or a physician's office, which provides a setting for labor, delivery and immediate postpartum care as well as immediate care of newborn infants.
26	Military Treatment Facility	A medical facility operated by one or more of the Uniformed Services. Military Treatment Facility (MTF) also refers to certain former U.S. Public Health Service (USPHS) facilities now designated as Uniformed Service Treatment Facilities (USTF).



Code	Place	Definition
31	Skilled Nursing Facility	A facility which primarily provides inpatient skilled nursing care and related services to patients who require medical, nursing or rehabilitative services which does not provide the level of care or treatment available in a hospital.
32	Nursing Facility	A facility which primarily provides to residents skilled nursing care and related services for the rehabilitation of injured, disable, or sick persons or on a regular basis health-related care services above the level of custodial care to other than mentally retarded individuals.
33	Custodial Care Facility	A facility which provides room, board or other personal assistance services, generally on a long-term basis, and which does not include a medical component.
34	Hospice	A facility, other than a patient's home, in which palliative and supportive care for terminally ill patients and their families are provided.
41	Ambulance-Land	A land vehicle specifically designed, equipped, and staffed for lifesaving and transporting the sick or injured.
42	Ambulance Air or Water	An air or water vehicle specifically designed, equipped and staffed for lifesaving and transporting the sick or injured.
50	Federally-Qualified Health Center	A facility located in a medically underserved area that provides Medicare beneficiaries preventive primary medical care under the general direction of a physician.
51	Inpatient Psychiatric Facility	A facility that provides inpatient psychiatric services for the diagnosis and treatment of mental illness on a 24-hour basis, by or under the supervision of a physician.
52	Psychiatric Facility Partial Hospitalization	A facility for the diagnosis and treatment of mental illness that provides a planned therapeutic program for patients who do not require full-time hospitalization, but who need broader programs than are possible form outpatient visits in a hospital-based or hospital affiliated facility.

Code	Place	Definition
53	Community Mental Health Center	<p>A facility that provides the following services:</p> <ul style="list-style-type: none"> <li>• Outpatient services including specialized outpatient services for children, the elderly, individuals who are chronically ill, and residents of the CMHC's mental health services area who have been discharged from inpatient treatment at a mental health facility;</li> <li>• 24-hour a day emergency services;</li> <li>• Day treatment, other partial hospitalization services, or psychosocial rehabilitation services;</li> <li>• Screening for patients being considered for admission to state mental health facilities to determine the appropriateness of such admissions; and</li> <li>• Consultation and education services.</li> </ul>
54	Intermediate Care Facility/Mentally Retarded	A facility which primarily provides health-related care and services above the level of custodial care to mentally retarded individuals but does not provide the level of care of treatment available in a hospital or SNF.
55	Residential Substance Abuse Facility	A facility which provides treatment for substance (alcohol and drug) abuse to live-in residents who do not require medical care. Services include individual and group therapy and counseling, family counseling, laboratory tests, drugs, and supplies, psychological testing and room and board.
56	Psychiatric Residential Treatment Center	A facility or distinct part of a facility for psychiatric care which provides a total 24-hour therapeutically planned and professionally staffed group living and learning environment.
61	Comprehensive Inpatient Rehabilitation Facility	A facility that provides comprehensive rehabilitation services under the supervision of a physician to inpatients with physical disabilities. Services include rehabilitation nursing, physical therapy, occupational therapy, speech pathology, social of psychological services, and orthotics and prosthetics services.

Code	Place	Definition
62	Comprehensive Outpatient Rehabilitation Facility	A facility that provides comprehensive rehabilitation services under the supervision of a physician to inpatients with physical disabilities. Services include rehabilitation nursing, physical therapy occupational therapy, speech pathology, social and psychological services and orthotics and prosthetics services.
65	End Stage Renal Disease Treatment Facility	A facility other than a hospital, which provides dialysis treatment, maintenance and/or training to patients or care givers on an ambulatory or home-care basis.
71	State or Local Public Health Clinic	A facility maintained by either State or local health departments that provides ambulatory primary medical care under the general direction of a physician.
72	Rural Health Clinic	A certified facility which is located in a rural medically underserved area that provides ambulatory primary medical care under the general direction of a physician.
81	Independent Laboratory	A laboratory certified to perform diagnostic and/or clinical tests independent of an institution of a physicians office.
99	Other Unlisted Facility	Other service facilities not identified above.